



Centers for Disease Control and Prevention

National Center for Immunization and Respiratory Diseases

PPHF 2016: Increasing HPV Vaccine Coverage by Strengthening Adolescent AFIX Activities, Financed in Part by 2016 Prevention and Public Health Funds

CDC-RFA-IP16-1608PPHF16

Application Due Date: 07/07/2016

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CDC-RFA-IP16-1608PPHF16

TABLE OF CONTENTS

[Part I. Overview Information](#)

- A. Federal Agency Name
- B. Funding Opportunity Title
- C. Announcement Type
- D. Agency Funding Opportunity Number
- E. Catalog of Federal Domestic Assistance (CFDA) Number
- F. Dates
- G. Executive Summary

[Part II. Full Text](#)

- A. [Funding Opportunity Description](#)
- B. [Award Information](#)
- C. [Eligibility Information](#)
- D. [Application and Submission Information](#)
- E. [Review and Selection Process](#)
- F. [Award Administration Information](#)
- G. [Agency Contacts](#)
- H. [Other Information](#)
- I. [Glossary](#)

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-IP16-1608PPHF16. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

PPHF 2016: Increasing HPV Vaccine Coverage by Strengthening Adolescent AFIX Activities, Financed in Part by 2016 Prevention and Public Health Funds

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

D. Agency Funding Opportunity Number:

CDC-RFA-IP16-1608PPHF16

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.733

Additional CFDA Number:	93.268
	93.733

F. Dates:

1. Due Date for Letter of Intent (LOI):	05/16/2016
2. Due Date for Applications:	07/07/2016 , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov .

3. Date for Informational Conference Call:

11/01/2016

G. Executive Summary:

1. Summary Paragraph:

The purpose of this FOA is to provide support to conduct adolescent AFIX visits, an evidence-based strategy for improving vaccination coverage among adolescents. Recipients of this award will be required to: 1) conduct AFIX visits as specified in the AFIX Policies and Procedures Guide; 2) increase the number of adolescent AFIX visits implemented and completed; 3) prioritize visiting providers with the greatest potential of positively impacting adolescent vaccination coverage (e.g., providers with a large population with low adolescent coverage); and 4) provide information as specified to evaluate both the process and

outcome of selected AFIX in an effort to improve the overall AFIX strategy. Recipients will be provided the opportunity to expand the rollout of existing adolescent AFIX strategies or implement new ones that may enhance the success of the AFIX process.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	20
d. Total Project Period Funding:	\$10,000,000
e. Average One Year Award Amount:	\$500,000
f. Total Project Period Length:	2
g. Estimated Award Date:	09/15/2016
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

AFIX (Assessment, Feedback, Incentives, and eXchange) is a continuous quality improvement process informed by research and used for improving immunization rates and practices at the immunization provider level. A key component of AFIX is a face-to-face interaction between AFIX staff and the provider staff who are involved in immunization activities. This interaction is important and unique in that it offers an opportunity for education and outreach toward achieving improved immunization service delivery using quality improvement (QI) methods. The AFIX process, once understood and implemented by providers, can assist practices in meeting immunization coverage goals for a variety of standards including Healthy People 2020 objectives and HEDIS (Healthcare Effectiveness Data and Information Set) measures.

There is strong evidence that assessment and feedback, along with other elements such as incentives and exchange, are effective in increasing vaccination rates. In 2008, the Task Force on Community Preventive Services updated its original 1999 literature review on the topic and reaffirmed its earlier recommendation of using assessment and feedback “based on strong evidence of its effectiveness across a range of settings and populations.” In addition, the task force recommends assessment and feedback in improving immunization rates in adults and children when used alone or with additional components (such as incentives). This same review is cited in CDC’s Advisory Committee on Immunization Practices (ACIP) 2011 General Recommendations in its endorsement of assessment and feedback <http://www.thecommunityguide.org/vaccines/imminfosystems.html>.

HPV vaccination coverage rates among adolescents remain low, and adolescent-focused AFIX is underutilized. Therefore, this is an opportunity not only to improve the number of AFIX visits but improve the quality of the intervention as well. Preliminary results from the PPHF-funded HPV vaccination awardees, in addition to other recent AFIX activities, suggest that AFIX can be used to increase HPV vaccination coverage rates.

Recipients of this award will be required to: 1) conduct AFIX visits as specified in the AFIX Policies and Procedures Guide <http://www.cdc.gov/vaccines/programs/afix/standards.html>; 2) increase the number of

adolescent AFIX visits implemented and completed; 3) prioritize visiting providers with the greatest potential of positively impacting adolescent vaccination coverage (e.g., providers with a large population with low adolescent coverage); and 4) provide information as specified to evaluate both the process and outcome of selected AFIX activities via progress reports, online data, check-in calls, etc. in an effort to improve the overall AFIX strategy. Recipients will be provided the opportunity to expand the rollout of existing adolescent AFIX strategies or implement new ones that may enhance the success of the AFIX process.

b. Statutory Authorities

This program is authorized under the Patient Protection and Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) and Section 317 of the Public Health Service Act [42 U.S.C. 247b], as amended.

c. Healthy People 2020

Include:

IID-11.1 Increase coverage level of 1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine for adolescents

IID-11.2 Increase coverage level of 2 doses of varicella vaccine for adolescents

IID-11.3 Increase coverage level of 1 dose meningococcal conjugate vaccine for adolescents

IID-11.4- IID-11.5 Increase coverage level of 3 doses of human papillomavirus (HPV) vaccine for females and males

IID-17.1- IID-17.2 Increase the percentage of public and private health providers with coverage levels among children measured within the past year

For more on the HP2020, visit the following: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23>

d. Other National Public Health Priorities and Strategies

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the National Center for Immunization and Respiratory Diseases.

- Continue to provide funding and technical assistance to immunization awardees to develop and enhance their AFIX programs, streamline their work with providers on improving immunization standards of practices, improving and sustaining high immunization coverage levels for children and adolescents, and reducing missed opportunities to vaccinate.
- Increase national public awareness and provider knowledge about vaccine-preventable diseases and immunization recommendations using an array of media and culturally-appropriate tools and resources to support informed decision-making about vaccination.
- Improve methods to assess vaccination coverage levels across the lifespan in order to identify groups at risk of vaccine-preventable diseases, monitor racial and ethnic disparities in vaccine coverage, evaluate the effectiveness of programs designed to increase coverage levels, monitor uptake of new vaccines, assess differential impact of vaccine shortages, measure performance by various types of providers, and provide greater understanding of socio-demographic and attitudinal factors associated with vaccination.

e. Relevant Work

NCIRD has worked closely with eligible immunization programs for the last twenty years as part of its primary, ongoing immunization and VFC cooperative agreement CDC-RFA-IP13-1301 "Immunization and Vaccines for Children Program", as well as other related projects and awards. Through the VFC cooperative agreement funds (CDC-RFA-IP13-1301), awardees are tasked to implement AFIX quality improvement activities performed through site visits made to VFC-enrolled providers. AFIX (Assessment, Feedback, Incentives, and eXchange) is a research-supported continuous quality improvement process that requires immunization programs to work collaboratively with providers to increase and sustain high immunization coverage and incorporate evidence-based immunization practices at the immunization provider level.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

The FOA's Logic Model must bold the outcomes expected to be achieved during the project period.

Strategies/Activities	Short-term Outcomes	Mid-term Outcomes	Long-terms Outcomes
<p>1. Increase the number and reporting of completed adolescent AFIX visits by 25% or at least 50 visits, whichever is greater, compared with Calendar Year 2016.</p> <p>1. Awardee conducts additional adolescent AFIX visits in CY2017. Applicants who conducted adolescent AFIX visits with $\geq 80\%$ of VFC providers in CY2016 should describe how their proposals for this funding will sustain or enhance AFIX activities conducted in CY2016.</p> <p>2. Awardee reports all completed (initial and subsequent</p>	<p>1. Increased number of providers that agree to implement quality improvement (QI) strategies.</p>	<p>1. Increase in provider adoption and execution of quality improvement (QI) strategies</p>	<ul style="list-style-type: none"> Increased jurisdiction-wide vaccination adolescent coverage rates, especially for initiation and completion of the HPV vaccination series. Increased national vaccination adolescent coverage rates, especially for initiation and completion of the HPV vaccination series. <p>1. Decreased provider-level missed vaccination opportunities among adolescents.</p> <ul style="list-style-type: none"> Increased and sustained immunization coverage levels among

<p>exchange) adolescent AFIX visits in the AFIX Online Tool.</p>			<p>adolescents. • Decreased morbidity and mortality caused by vaccine preventable diseases.</p>
<p>2. Improve the quality of Adolescent AFIX visits.</p> <ol style="list-style-type: none"> 1. AFIX staff participate in CDC-led communications trainings <ul style="list-style-type: none"> • Communications training to cover available and recommended HPV disease and HPV vaccination communications. • Other communications training 2. AFIX staff participate in CDC-led quality improvement (QI) trainings 3. AFIX Coordinators must participate in yearly CDC-led AFIX trainings 4. Awardee trains staff conducting Adolescent AFIX activities using CDC resources and guidance, including the AFIX Policies and Procedures Guide. 5. Awardee uses one or more of CDC's provider education materials to educate providers. Resources may also be distributed if feasible. 6. Awardee 	<p>2. Increased knowledge and use of CDC resources, including AFIX standards, among staff conducting adolescent AFIX activities.</p> <p>3. Staff conducting adolescent AFIX activities:</p> <ul style="list-style-type: none"> • receive technical assistance and guidance needed to improve the quality of AFIX visits. • have increased access to tools to improve QI and HPV communications with providers. • improve their knowledge regarding HPV disease and vaccination. 	<p>2. Increased practice-level vaccination coverage rates, among visited providers, especially for initiation and completion of HPV vaccination series.</p> <ul style="list-style-type: none"> • Increased institutionalization of quality improvement (QI) strategies in provider offices • Increased institutionalization of provider HPV vaccination recommendation to parents in provider offices <p>3. Increased number of providers that provide a strong recommendation for HPV vaccination to parents</p> <p>4. Improved knowledge regarding HPV disease and HPV vaccination among providers and their staff.</p> <p>5. Improved communication skills among providers and provider staff regarding HPV disease and HPV vaccination.</p>	

	<p>manager/lead(s) observes staff conducting Adolescent AFIX visits during the project period</p> <p>7. Awardee manager/lead(s) schedules regular check-ins with staff conducting Adolescent AFIX visits to provide guidance and assistance, as needed</p>		
3. Implement one or more of the following approaches for adolescent AFIX visits	<p>1. Awardee utilizes immunization report cards during the feedback session</p> <p>2. Awardee conducts clinician-to-clinician AFIX visits</p> <p>3. Awardee conducts webinar-based eXchange (follow-up) sessions</p> <p>4. Awardee offers CMEs to clinicians</p>	<p>4. Increased provider awareness of adolescent coverage rates within their practice</p> <p>5. Increased provider awareness of Healthy People 2020 Targets</p> <p>6. Increased participation in site visits by provider-level decision makers</p>	

i. Purpose

The purpose of this FOA is to provide support to conduct adolescent AFIX visits: focus on low adolescent coverage rates which may include large health networks or individual sites with large patient populations to maximize impact; expand the rollout of existing adolescent AFIX strategies or implement new ones; increase the number of completed adolescent AFIX visits; and provide information as specified to evaluate selected AFIX activities.

ii. Outcomes

The awardee is expected to achieve the following outcomes during the project period:

Short-term Outcomes:

1. Increased number of providers that agree to implement quality improvement (QI) strategies.
2. Increased knowledge and use of CDC resources, including AFIX standards, among staff conducting adolescent AFIX activities.

3. Staff conducting adolescent AFIX activities: receive technical assistance and guidance needed to improve the quality of AFIX visits; and have increased access to tools to improve QI and HPV communications with providers.
4. Increased provider awareness of adolescent coverage rates within their practice.
5. Increased provider awareness of Healthy People 2020 Targets.
6. Increased participation in site visits by provider-level decision makers

Mid-term Outcomes:

1. Increase in provider adoption and execution of quality improvement (QI) strategies.
2. Increased practice-level vaccination coverage rates, among visited providers, especially for initiation and completion of HPV vaccination series.
3. Increased number of providers that provide a strong recommendation for HPV vaccination to parents.
4. Improved knowledge regarding HPV disease and HPV vaccination among providers and their staff.
5. Improved communication skills among providers and provider staff regarding HPV disease and HPV vaccination.

Long-term Outcomes:

1. Decreased provider-level missed vaccination opportunities among adolescents.

iii. Strategies and Activities

1. Increase the number and reporting of completed adolescent AFIX visits by 25% or at least 50 visits, whichever is greater, compared with Calendar Year 2016.

a. Awardee is expected to conduct additional adolescent AFIX visits in CY2017 according to current CDC AFIX guidelines. The most current guidelines can be found on the CDC ISD Awardees SharePoint Portal in the AFIX library.

Applicants who conducted adolescent AFIX visits with $\geq 80\%$ of VFC providers in CY2016 should describe how their proposals for this funding will sustain or enhance AFIX activities conducted in CY2016.

Applicant will provide: the number of additional adolescent AFIX visits; report the most recent HPV vaccination coverage rates (e.g. National Immunization Survey, IIS identified areas of low coverage rates); and report the most recent HPV disease burden, if available.

b. Awardee is required to report all completed adolescent AFIX visits in the AFIX Online Tool. Visits will only count towards meeting the number of proposed visits if all components of an AFIX visit are reported in the AFIX Online Tool. This includes completing general site visit information, assessment results, feedback, and initial and subsequent exchanges.

2. Improve the quality of Adolescent AFIX visits

- a. AFIX staff participate in CDC-led communications trainings
 - Communications training to cover available and recommended HPV disease and HPV vaccination communications
 - Other communications training
- b. AFIX staff participate in CDC-led quality improvement (QI) trainings
- c. AFIX Coordinators must participate in yearly CDC-led AFIX trainings

d. Awardee will train staff conducting adolescent AFIX activities using CDC resources and guidance, including the AFIX Policies and Procedures Guide, AFIX Training Toolkit, and other available resources in the AFIX Library on the CDC ISD Awardees SharePoint Portal. Awardee must include a training plan as part of this application. The training plan should include at a minimum the following components:

- Annual trainings: reviewers conducting AFIX visits are required to participate in annual trainings held by the awardee that provides educational information on AFIX guidelines and other practices aimed at improving the quality of the AFIX visit. The goal for the AFIX annual training is to assure that staff understand current AFIX guidelines and are proficient in performing AFIX visits according to CDC guidance. As part of the AFIX training, awardees may include:
 - Activities such as interactive games to enhance participant knowledge and understanding of the AFIX process
 - Instructor-led powerpoint presentations with audience participation
 - Instructor-led role playing with participant interaction in an effort to enhance participant knowledge and understanding of the AFIX process
 - Pre-tests and post-tests to assess participant knowledge and understanding of the AFIX process
 - Develop scripts for training purposes that highlight effective feedback and follow-up communication with providers
- Identified trainings: AFIX Manager/Lead to conduct periodic trainings based on identified need through observation as well as self-identified training needs from the reviewers

e. Awardee uses one or more of CDC's provider education materials about vaccines recommended for adolescents to educate providers. Resources may also be distributed if feasible

f. Awardee manager/lead(s) observes staff conducting Adolescent AFIX visits during the project period

- The AFIX Manager/Lead, or qualified designee, must accompany all reviewers on at least one Adolescent AFIX visit. AFIX reviewers may not conduct independent AFIX site visits until the AFIX Manager/Lead determines that the reviewer is proficient in AFIX processes

g. Awardee manager/lead(s) schedules regular check-ins with staff conducting Adolescent AFIX visits to provide guidance and assistance, as needed

- Awardee must include a schedule and content of regular check-ins with staff conducting Adolescent AFIX visits

3. Implement one or more of the following approaches for adolescent AFIX visits

a. Awardee is expected to utilize one or more of the following approaches:

- Utilize immunization report cards. Immunization report cards can:
 - Be used during the feedback session and/or distributed on a regular schedule (i.e. quarterly)
 - Assess a providers vaccination coverage rates for one dose of Tdap vaccine, up-to-date MCV vaccine, and 3 doses of HPV vaccine (males and females)
 - Provide comparative rates to jurisdiction and Healthy People 2020 Targets
 - Include missed opportunities values, coverage rate targets or goals for AFIX follow-up
 - Include other reports that help improve coverage rates
- Conducts clinician-to-clinician AFIX visits
 - Ideally, at least one physician with a decision making ability in the practice should attend a portion of the AFIX visit.
 - The goal of the clinician-to-clinician AFIX visit is to provide AFIX visits consistent with federal program guidance and to add physician-to-physician

- education with a special focus on HPV disease and vaccination. Since physician recommendation is among the strongest predictors of HPV vaccination among adolescents, increasing physician knowledge of and support for HPV vaccination should provide tangible results
- Conducts webinar-based eXchange (follow-up) sessions
 - Webinar-based eXchange (follow-up) sessions provide an opportunity to conduct follow-up with remote providers that may be otherwise difficult to reach
 - Awardees are expected to develop and implement a plan for conducting webinar-based eXchange (follow-up) sessions based on the CDC guidelines for conducting follow-up with provider offices. More details about the CDC guidelines can be found in the AFIX Training Guide, eXchange section, on the CDC ISD Awardees SharePoint Portal. As part of the follow-up process, it is important that awardees recap the feedback discussion, share a visual of a providers follow-up assessment rates', and discuss progress made on the QI Action Plan
 - Offers CMEs to clinicians

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

None.

b. With organizations not funded by CDC:

None.

2. Target Populations

VFC-enrolled providers; large health networks, individual provider sites with large patient populations, and/or regions with low coverage rates

a. Inclusion

The FOA prioritizes children through 18 years of age (under 19) who meet at least one of the following criteria are eligible to receive VFC vaccine:

- Medicaid-eligible: A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms “Medicaid-eligible” and “Medicaid-enrolled” are used interchangeably and refer to children who have health insurance covered by a state Medicaid program.)
- Uninsured: A child who has no health insurance coverage.
- American Indian or Alaska Native (AI/AN): As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603).
- Underinsured:
 1. A child who has health insurance, but the coverage does not include vaccines, or
 2. A child whose insurance does not cover all Advisory Committee on Immunization Practices (ACIP)-recommended

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The following are the suggested process and outcome evaluation measures.

Process Measures:

- **Strategy 1: Increase the number and reporting of completed adolescent AFIX visits by 25% or at least 50 visits, whichever is greater, compared with Calendar Year 2016.**
 - Measure: Number of adolescent AFIX visits completed during the project period.
 - Measure: Number of adolescent AFIX visits reported during the project period.
- **Strategy 2: Improve the quality of Adolescent AFIX visits.**
 - Measure: Number of AFIX staff participating in CDC-led communication trainings.
 - Measure: Number of AFIX staff participating in CDC-led QI training.
 - Measure: Number and type of CDC-led communication and QI trainings in which the awardee participates.
 - Measure: Number of trainings, using CDC resources and guidance, provided by awardee to all staff conducting Adolescent AFIX activities.
 - Measure: Number of adolescent AFIX visits at which at least one of CDC's HPV provider resources is discussed and distributed if distribution is feasible.
 - Measure: Number of adolescent AFIX visits attended by awardee manager/lead to observe staff conducting AFIX visits.
 - Measure: Frequency and format of check-in meetings facilitated by awardee manager/lead to ensure quality of staff performance.
- **Strategy 3: Implement one or more of the following approaches for adolescent AFIX visits.**
 - Measure: Number and frequency of listed approaches used by awardee during adolescent AFIX visits.

Outcome Measures:

CDC will evaluate progress on these activities through the AFIX Online Tool data and other information provided by awardees. Awardees will be asked to report ongoing data to monitor:

Short-term Outcome Measures:

1. Percentage increase (from Calendar Year 2016) of providers that agree to implement a QI strategy.
2. Awardee utilizes pre and post tests found in the AFIX Reviewer Training Toolkit to assess knowledge and determine training needs.
3. Percent of AFIX staff assessed by their AFIX manager/supervisor, percent receiving communications training, and percent receiving AFIX and QI training.
4. Number of providers that received adolescent coverage rates within their practice
5. Number of providers that are aware of Healthy People 2020 goals, through receipt of their vaccination coverage assessment report.
6. Percent of adolescent AFIX visits/feedbacks that included one or more provider-level decision-makers.

Mid-term Outcome Measures:

1. Percent of providers that adopt and implement QI strategies.
2. Percent of providers with increased adolescent vaccination coverage rates, especially for initiation and completion of HPV vaccination series.
3. Number of providers that provide a strong recommendation of HPV vaccination to parents.
4. Increased utilization of CDC evidence-based HPV communication resources.
5. Increased utilization of CDC evidence-based HPV communication resources.

Long-term Outcome Measures:

1. Percent decrease of adolescent missed vaccination opportunities, measured as the difference from the initial to the follow-up missed opportunities calculation.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

N/A

c. Organizational Capacity of Awardees to Implement the Approach

The applicant should demonstrate the organizational capacity to implement this award including demonstration of these key areas:

- Demonstration of relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes within the project period.
- Demonstration of experience and capacity to implement the Evaluation and Performance Measurement Plan.
- Demonstration of a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.

d. Work Plan

The applicant should submit a detailed work plan that clearly demonstrates a linkage between the strategies and activities, outcomes, and evaluation and performance measures as presented within the FOA logic model.

The work plan should address each Project Period Outcome (highlighted in the Logic Model) and should include the related outcome measure(s), activities to achieve the outcomes, relevant process measures, the personnel/resources responsible for completing the activities, and any target dates. Applicant should draw on the narrative in the logic model section and the measures in measures section to compose their work plan objectives, strategies, and performance indicators.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

It is expected that the awardee will collaborate extensively with NCIRD/ISD/POB on all activities outlined in the Project Description. Specific collaborative activities will include, but not be limited to:

1. Work jointly with CDC on the planning and implementation of activities in fulfillment of all parts of this program.
2. Participate in a post-award kick-off meeting (to occur no later than 45 days after each Notice of Award) to share information, clarify expectations, and reviewing work plans to discuss issues and report progress.
3. Participate in annual face-to-face site visits to review progress to date, planned activities, and exchange of ideas for future activities.
4. Participate in regularly scheduled and/or ad hoc status conference calls with CDC.
5. Submit quarterly progress reports and a final report using a reporting template provided by CDC.

f. CDC Program Support to Awardees (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

- CDC will:
 - Provide communication and other training to awardee staff
 - Provide AFIX subject matter expertise
 - Provide HPV subject matter expertise
 - Host conference calls for sharing of information between awardees
 - Schedule individual check-in calls to provide technical assistance and project oversight
 - Collaborate closely with awardees on the planning and implementation of program activities

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: H23

3. Fiscal Year: 2016

4. Approximate Total Fiscal Year Funding: \$10,000,000

5. Approximate Project Period Funding: \$10,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: \$10,000,000

6. Total Project Period Length: 2 year(s)

7. Expected Number of Awards: 20

8. Approximate Average Award: \$500,000 Per Project Period

9. Award Ceiling: \$500,000 Per Project Period

This amount is subject to the availability of funds.

10. Award Floor: \$200,000 Per Project Period

11. Estimated Award Date: 09/15/2016

12. Budget Period Length: 24 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
City or township governments
Special district governments

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

2. Additional Information on Eligibility

Eligibility is limited to the current Immunization Program awardees under CDC-RFA-IP13-1301 "Immunization and Vaccines for Children Program" and that receive Vaccines For Children (VFC) funding.

Eligibility is limited to the current Immunization Program awardees under CDC-RFA-IP13-1301 "Immunization and Vaccines for Children Program" and that receive Vaccines For Children (VFC) funding.

The award ceiling for this FOA is \$500,000. CDC will not consider any application requesting an award higher than this amount.

3. Justification for Less than Maximum Competition

Eligibility is limited to those awardees currently funded under CDC-RFA-IP13-1301 "Immunization and Vaccines for Children Program" and that receive Vaccines For Children (VFC) funding. The justification for Less than Maximum Competition is due to the fact that awardees who currently receive VFC funding have the needed and existing infrastructure for implementing the type of work detailed in this FOA. The purpose of this funding is to help these awardees conduct more of this type of work and conduct it in an enhanced approach. Awardees that do not currently receive VFC funding would not be in a suitable position to complete the work associated with this FOA in a timely manner or within budget.

4. Cost Sharing or Matching

Cost Sharing / Matching No

Requirement:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided

at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none">Click on http://fedgov.dnb.com/webformSelect Begin DUNS search/request processSelect your country or territory and follow the instructions to obtain your DUNS 9-digit #Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none">Retrieve organizations DUNS numberGo to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none">Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)	Same day but can take 8 weeks to be fully registered	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Once the account is set up the E-BIZ POC will be notified via email	and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)
3. Log into grants.gov using the password the E-BIZ POC received and create new password	
4. This authorizes the AOR to submit applications on behalf of the organization	

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **05/16/2016**

b. Application Deadline

Due Date for Applications: **07/07/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

11/01/2016

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://www.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://www.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://www.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://www.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

Letter of Intent is requested but optional.

LOI must be sent via U.S. express mail, delivery service, or email to:

Hanan Awwad
CDC, National Center for Immunization and Respiratory Diseases
Immunization Services Division
1600 Clifton Road, NE, MS A-19
Atlanta, GA 30329
Telephone: 404-718-4623
Email address: HAwawd@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. Content beyond 20 pages will not be reviewed. The 20 page limit includes the work plan.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan, how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the Target Population section in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. See Section E (pages 4 and 5) at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed

to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

N/A

d. Organizational Capacity of Applicants to Implement the Approach

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

(Included in the Project Narrative's 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Implement the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http://www.cdc.gov/grants/interested_in_applying/application_resources.html.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the

Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

14. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

15. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

16. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_s poc/.

17. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

18. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

19. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

20. Data Release Plan

Applications involving release and sharing of data must include a copy of the applicants Data Release Plan. The Data Release Plan is the Grantee's assurance that the dissemination of any and all data collected under the CDC data sharing agreement will be released in a timely manner, completely, and as accurately as possible, to facilitate the broader community, and developed in accordance with CDC policy on Releasing and Sharing Data.

21. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get Started%2FGet Started.htm](http://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis. An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase I Review

All applications will be initially reviewed for completeness by CDC OGS staff. Complete applications will be reviewed for responsiveness by the CDC. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach

Maximum Points:35

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and Logic Model (project period outcomes are bolded in the Logic Model).
- Describes an overall strategy and activities consistent with the CDC Project Description and Logic Model.
- Describes strategies and activities that are achievable and appropriate to achieve the outcomes of the project.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format provided by CDC.

ii. Evaluation and Performance Measurement

Maximum Points:25

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect and report data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. Data will be reported in the AFIX Online Tool and other tools.
- Describes clear monitoring and evaluation procedures to monitor the achievement of the process and outcome measures of the FOA provided in the Logic Model and Project Description.
- Describes how evaluation and performance measurement will be incorporated into continued planning, implementation, and reporting of project activities to achieve the outcomes required in the FOA.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points:25

Evaluate the extent to which the applicant:

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the Evaluation and Performance Measurement Plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.
- Demonstrates a clear understanding of quality improvement, the AFIX process, and the use of provider assessment data (qualitative and quantitative) for establishing and achieving follow-up coverage goals and enhanced immunization practices.
- Provides an organizational chart

Budget

Evaluate the extent to which the budget aligns with the proposed work plan (*15 pts*)

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

Applications will be funded in order by score and rank determined by the review panel. The following factors also may affect the funding decision:

- Demonstrated need to increase number of adolescent AFIX visits
- HPV vaccination coverage rates (e.g. National Immunization Survey, IIS, AFIX Online Tool, identified areas of low coverage rates, other)
- HPV disease burden
- Geographic diversity
- Diversity of approaches

2. Announcement and Anticipated Award Dates

CDC's Procurement and Grants Office will notify all selected applicants of award. Notices of award are expected no later than August 30, 2016

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

For more information on the CFR visit <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the FOA copying the CDC Project Officer.

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Awardee Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.

- How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
 - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
 - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**
 - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting (No page limit)**
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The awardees must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report

This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frsr.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants-grants-policies-regulations/index.html#FFATA>.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

- a. grantee name;
- b. contact name with phone, fax, and e-mail;
- c. agreement number(s) if reporting by agreement(s);
- d. reporting period;
- e. amount of foreign taxes assessed by each foreign government;
- f. amount of any foreign taxes reimbursed by each foreign government;
- g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Hanan Awwad, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

CDC, National Center for Immunization and Respiratory Diseases

Immunization Services Division

1600 Clifton Road, NE, MS A-19

Atlanta, GA 30329

Telephone: (404) 718-4623

Email: HAwwad@cdc.gov

Grants Staff Contact

For financial, awards management, or budget assistance, contact:

Michael Vance, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine road, MS K-14

Atlanta, Ga 30341

Telephone: (770) 488-2686

Email: mvance@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Office of Financial Resources

Office of Grants Services

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Letters of Support
- Funding Preference Deliverables

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional_requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one

or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. <http://www.cdc.gov/grants/additionalrequirements/index.html>

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_s poc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

FOA-specific Glossary and Acronyms